

## STATE OF NEW HAMPSHIRE EPARTMENT OF AGRICULTURE, MARKETS & FOOD DIVISION OF ANIMAL INDUSTRY 603-271-2404



## **Application for Animal Rescue License**

## First Time Applicants Please Submit Proof of Non-profit Status

physical facility in NH, in acco	ordance with the provisions of	RSA 43	7, for the p	period ending June 30,
ANNUAL FEE: \$ 200.00 per fi Any <b>new</b> animal shelter/rescue a shall be \$100.00.				
Name:				
	Organization/Individual			
Street or P.O. Box	City/Town	State	Zip	
Telephone		E-Mail address		
Have you held a shelter/rescue li	cense in another state? Yes	No	_ if yes, list	t the state(s):
At any time have you been convicted Yes No if yes, Explain: Submitted By:				business in any state?
		•		
Street or P.O. Box	City/Town		State	Zip
Signature of Owner or Authorize Please also print name if signature is i				
	Title		Telephone (If different	from above)
Make checks payable to :	Treasurer, State of New H  License fee is non-refu	-	e	
Mail application and fee to:	Division of Animal Indus P. O. Box 2042 Concord, NH 03302-2042	•		